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ABSTRACT

As self-help groups have grown in number, mental health professionals have found themselves increasingly involved in such groups. This study examined how mental health professionals viewed the appropriateness of a variety of roles sometimes assumed by mental health professionals when they work with self-help groups. Social workers, psychologists, and psychiatrists completed a mail survey assessing beliefs and practices toward self-help groups. A total of 132 useable surveys were returned out of 250 distributed (a 52.8% response rate). One scale on the survey called for an evaluation of which roles were appropriate for professionals involved in self-help groups. Using a four-point Likert type scale, participants responded to 12 roles often assumed by professionals working with self-help groups. The results showed that professionals viewed roles which were external to a group (consultant, speaker, advisory board, referral source) as more appropriate than internal roles (therapists, facilitator, leader, group member). When compared to the views of self-help group members, these findings suggest that professional helpers and self-helpers are quite similar in their beliefs about appropriate roles for professionals. (NB)

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# Professionals and Self-Help: Where Do Professionals Fit In?

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Abstract

A mail survey sent to 250 mental health professionals assessed beliefs and practices toward self-help groups. One scale on the survey called for an evaluation of which roles are appropriate for when professionals are involved. Using a four point Likert scale (definitely appropriate to definitely inappropriate), participants responded to a variety of roles often assumed by professionals working with self-help groups. Results show that professionals view roles which are external to a group (i.e. consultant, speaker, advisory board, referral source) as more appropriate than internal roles (i.e. therapist, facilitator, leader, group member).

## Introduction

It has been estimated that 10 to 15 million persons participate in 750,000 self-help groups throughout the United States and Canada (Powell, 1987). As self-help groups have grown, mental health professionals have found themselves increasingly involved. When surveyed about their relationships with and beliefs about self-help groups, professionals have demonstrated positive attitudes and practices (Levy, 1978; Todres, 1983; Toseland & Hacker, 1984). Similar positive results about professional involvement have also been found in surveys of various self-help groups (Gottlieb, 1983; Knight et al., 1980). In keeping with recommendations found in the Report of the President's Commission on Mental Health (1978), more cooperation between self-help and professional help is emerging.

Although relationships between these helping modes are improving, early concerns and cautions about the pitfalls and potential problems of professional involvement will probably not go away (Gartner & Riessman, 1977). Katz (1981) has described the "possible, proper, or desirable relationships of self-help groups to professionals" as one of the most "crucial and vexing" questions facing the movement.

The present research investigates how mental health professionals (psychologists, social workers, and psychiatrists) viewed the appropriateness of 12 roles sometimes assumed by mental health professionals when they work with self-help groups.

## Method

A mail survey was sent to 250 professionals selected from lists furnished by the Kansas Behavioral Sciences Regulatory Board and the Board of Healing Arts. To maximize returns among psychologists and psychiatrists, all individuals practicing within Sedgwick County, Kansas were selected. A separate random sample of social workers was drawn. Among those surveyed, 34 (13.6%) were psychiatrists, 80 (32%) were doctoral level psychologist, and 136 (54.4%) were social workers.

Using a four point Likert scale (definitely appropriate = 1 to definitely inappropriate = 4), participants responded to 12 roles commonly assumed by professionals. In addition to comparisons across the twelve roles, two indices were created. Roles were classified as either internal (direct involvement) or external and recoded into their respective index. Indices were statistically compared to determine which type of roles were seen as more appropriate.

## Results

A total of 132 useable surveys were returned (52.8%). Of these, 58% came from social workers, 36% from psychologists, and 5% from psychiatrists. The average age of the respondent was 41.6 (range 24 to 71). Percentage of male and female respondents was almost equal. Service area was evenly distributed between private and public. Years in practice produced the following distribution: 0-5 years (20%), 6-10 years (27%), 11-15 years (25%), and 15 years or more (26%).

Table 1 records response percentages for each of the twelve roles and Table 2 reflects individual and index mean responses. It also demonstrates the rank order (most to least appropriate) of the 12 roles. As can be seen, professionals were somewhat supportive of all the roles but particularly the roles of: consultant, speaker, and referral source. Roles least supported were: group therapist, group leader, group member. Table 3 reflects the results of comparisons between index scores across several variables.

Table 1

Overall Response Percentages

| Roles (In alphabetical order) | Percentages DA | PA | PI | DI |
|---|---|---|---|---|
| Advisory Board Member | 72.4 | 21.3 | 6.3 | -- |
| Consultant | 85.8 | 12.6 | 1.6 | -- |
| Group Facilitator | 48.8 | 35.4 | 12.6 | 3.1 |
| Group Leader | 29.9 | 37.0 | 20.5 | 12.6 |
| Group Member | 33.3 | 34.9 | 17.5 | 14.3 |
| Group Therapist | 25.0 | 25.0 | 22.6 | 12.9 |
| Organizer/Creator | 47.6 | 40.5 | 11.1 | 0.8 |
| Support Provider (Office space, etc.) | 53.1 | 39.1 | 7.0 | 0.8 |
| Referral Source | 81.4 | 16.3 | 1.6 | 0.8 |
| Researcher/Evaluator | 57.5 | 37.8 | 4.7 | -- |
| Speaker | 81.3 | 18.8 | -- | -- |
| Sponsor | 44.7 | 41.5 | 13.0 | 0.8 |

DA = Definitely Appropriate
PA = Possibly Appropriate
PI = Possibly Inappropriate
DI = Definitely Inappropriate

Table 2

Role Appropriateness: Overall Mean Responses

| Role Description (Overall Rank) | Mean | SD |
|---|---|---|
| INTERNAL ROLES: | | |
| Group Facilitator (8*) | 1.70 | 0.81 |
| Group Leader (11) | 2.16 | 1.00 |
| Group Member (10) | 2.13 | 1.04 |
| Group Therapist (12) | 2.23 | 0.97 |
| Organizer/Creator (7) | 1.65 | 0.71 |
| Internal Role Index | 1.98 | 0.64 |
| EXTERNAL ROLES: | | |
| Advisory Board (4) | 1.34 | 0.59 |
| Consultant (1) | 1.16 | 0.41 |
| Material Support Provider (6) | 1.55 | 0.66 |
| Referral Source (3) | 1.22 | 0.50 |
| Research (5) | 1.47 | 0.59 |
| Speaker (2) | 1.19 | 0.39 |
| Sponsor (8*) | 1.70 | 0.72 |
| External Role Index | 1.38 | 0.34 |

(N=132)

1 = Definitely Appropriate (* Tied rank)
2 = Possibly Appropriate
3 = Possibly Inappropriate
4 = Definitely Inappropriate

Table 3

Internal-External Role Index Comparisons

| Comparison Variable | Index Means Int. | Ext. | t | df | p < |
|---|---|---|---|---|---|
| Profession: * | | | | | |
| Psychologist | 2.12 | 1.38 | 7.70 | 38 | .001 |
| Social Worker | 1.93 | 1.37 | 7.36 | 69 | .001 |
| Age: | | | | | |
| 35 & below | 1.88 | 1.27 | 6.85 | 39 | .001 |
| 36-54 | 1.98 | 1.40 | 6.63 | 54 | .001 |
| 55 and over | 2.29 | 1.50 | 4.96 | 17 | .001 |
| Gender: | | | | | |
| Female | 1.95 | 1.34 | 7.11 | 54 | .001 |
| Male | 2.06 | 1.41 | 7.75 | 57 | .001 |
| Service Area: | | | | | |
| Private | 2.02 | 1.38 | 7.12 | 49 | .001 |
| Public | 1.95 | 1.34 | 7.27 | 56 | .001 |
| Years in Practice: | | | | | |
| 0 - 5 | 2.06 | 1.38 | 5.29 | 25 | .001 |
| 6 - 10 | 1.91 | 1.29 | 5.83 | 29 | .001 |
| 11 - 15 | 1.85 | 1.38 | 4.60 | 28 | .001 |
| 16 or more | 2.24 | 1.45 | 5.50 | 26 | .001 |
| Organization: | | | | | |
| Private Practice | 2.21 | 1.38 | 7.12 | 23 | .001 |
| Other | 1.93 | 1.37 | 8.33 | 88 | .001 |
| Overall: | 1.99 | 1.37 | 10.41 | 115 | .001 |

* Psychiatrist excluded because of low numbers (n=7).

## Discussion

Professionals expressed preferences for the external roles, a finding most self-help groups support (Gottlieb, 1982; Knight et al., 1980).

It is significant that no role was seen by professionals as inappropriate. Such a finding may justify some of the concerns about the professionalization of self-help and the potential over-involvement by professionals (Gartner & Riessman, 1977; Katz, 1981).

Unlike members of self-help groups (Gottlieb, 1982) professionals support the role of researcher. Professional support for the research role is understandable but unless researchers show greater sensitivity to the needs and problems of self-help groups, such differences are likely to continue (Lavoie, 1984).

In contrast to studies of self-help groups (Knight et al., 1980), professionals are less open to the role of group member. Professionals may be less able to ignore their credentials and enter the group on an equal status even though most groups are open to such relationships.

## Conclusion

When compared to the views of self-help group members, these findings are encouraging as they show professional helpers and self-helpers to be quite similar in their beliefs about appropriate roles for professionals. Although differences occur, none are serious enough to deter efforts of collaboration and integration of services.

As self-help continues to grow, and with it professional relationships, this information should prove helpful.

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